



Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**(Must be required age by September 1, 2016)**

Parent/Guardian Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work or cell phone number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**3 Year Old Programs**

	Location	Days	Times	Cost
<input type="checkbox"/>	Bushy Park ES	Tues/Thurs	9:30 AM - 1:30 PM	\$256/month
<input type="checkbox"/>	Fulton ES	Tues/Thurs	9:30 AM - 1:30 PM	\$256/month
<input type="checkbox"/>	Triadelphia Ridge ES	Mon/Weds/Thurs	9:00 AM - 11:30 AM	\$242/month

**4 Year Old Programs**

	Location	Days	Times	Cost
<input type="checkbox"/>	Bushy Park ES	Mon/Weds/Fri	9:30 AM - 3:00 PM	\$528/month
<input type="checkbox"/>	Fulton ES	Mon/Weds/Fri	9:30 AM - 3:00 PM	\$528/month
<input type="checkbox"/>	Triadelphia Ridge ES	Mon/Tues/Weds/Thurs	Noon - 3:00 PM	\$336/month
<input type="checkbox"/>	*Veterans ES	Mon thru Fri	8:00 AM - 4:00 PM	\$799/month

**3 & 4 Year Old Programs**

	Location	Days	Times	Cost
<input type="checkbox"/>	Roger Carter Comm Ctr	Mon thru Fri	9:30 AM - 3:00 PM	\$660/month
<input type="checkbox"/>	Roger Carter Comm Ctr	Mon thru Fri	8:30 AM - 4:30 PM	\$799/month

\*Veterans has options available for those registered in Veterans RECC program who are looking to extend their child's day. Please call 410-313-7275.

Amount Enclosed: \$\_\_\_\_\_ (\$50.00 registration fee is **non-refundable**) plus \$\_\_\_\_\_ September tuition payment due no later than July 17, 2016 if not making full payment now)

Paid by ☐ Check (make payable to *Director of Finance*) ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CVC Code \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Print Name \_\_\_\_\_

I agree to the refund policy for this program: Withdrawals from this program must be made in writing. Customers requesting a refund prior to two weeks before the start will be given a full refund. Refunds requested within two weeks of the program starting date will be charged at a minimum a 20% administrative fee. Additional fees may be assessed to recover costs (supplies, equipment, etc.) associated with the program or days your child has attended once the month begins.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For office use only:**

**Date received**

**Amount received**

**Initials**